

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

CLIENT/APPLICANT NAME AND ADDRESS

REPRESENTATIVE NAME AND ADDRESS

TO:

FOLD HERE FOR WINDOW ENVELOPE.

Dear _____ :

The Division of Developmental Disabilities has determined that an Inventory for Client and Agency Planning (ICAP), a rating scale for adaptive skills, is required to make an eligibility determination or re-determination.

The following documents are being sent to you to explain the ICAP requirements and assessment procedure.

- WAC 388-823-0900 through 0940
- Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale
- Informed Consent for ICAP Administration (DSHS 10-329)

Please call me at _____ to schedule an appointment. You will need to bring someone with you who has known you for at least three (3) months on a day-to-day basis. **If I do not hear from you** by _____ your eligibility decision will be based on available information.

A complete copy of the state rules governing eligibility (WAC 388-823) is available upon request or online at <http://www1dshs.wa.gov/ddd/index.shtml>.

I look forward to hearing from you.

Sincerely,

DDD Case/Resource Manager

Enclosures

Cc: Legal Guardian/Representative